## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010959

1. Entity Name

## **FILED** Jul 10, 2003 8:00 am Secretary of State 05-07-2003 90044 018 \*\*\*\*50.00

<b>EVERGLA</b>	des rest	TORATION CONTRA	ACTORS GROUP, LL	C		<b>)</b>					
Principal Place of Business 4217 NW 37 TERRACE LAUDERDALE LAKES FL 33309 US			Mailing Address 4217 NW 37 TERRACE LAUDERDALE LAKES FL 33309 US			55050783					
2. Principal Place of Business			3. Mailing Address			- <del> </del>					\
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7	CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Nur	nber	<del></del>		pplied For	_
Zip	Zip Country		Zip Coun		ntry	5. Certific	ate of Status Desired		\$5.00 Ad	dditional	7
	6. Name	and Address of Current I	egistered Agent			7. Name and Address of New Registered Agent					]
	***************				Name					-	7
BILLINGSLEY, JOHN JR., MBA 4217 NW 37 TERRACE LAUDERDALE LAKES FL 33309				. —		Street Address (P.O. Box Number is Not Acceptable)					
LAU	IUENDALE LI	ANES PL 33309	•								7
					City	<del></del>		FL	Zip Coo	e	1
			the purpose of changing its	s register	ed office or registe	ered agent, or	both, in the State of Flo	rida. I am f	emiliar with,	and accept	7
	tions of registe	- f3									
SIGNATURE .	Signature, typed o	r printed name of registered agent a	nd title if applicable. (NO	TE: Registere	olupen signature require	ed when reinstating)		DATE		<del></del> ·	ļ
			1	MANU !	FEE IS \$50.00		Ţ				1
Make Check Payable to							ł				1
					ay 1, 2003		ļ				ŀ
9.	<del></del>	MANAGING MEMBER					ADDITIONS/	CHANGES			$\{$
TITLE	MGRM		☐ Delete	ħΠJ	E	<del> </del>			☐ Change	☐ Addition	3
NAME		EY, BRENDA J		NAM	· •						15
STREET ADDRESS CNTY-ST-ZIP		37 TERRACE ALE LAKES FL 33309			ET ADDRESS -ST-ZIP						8
TITLE	MGRM	ALE DINES PC 33309	☐ Delete	TITLE		<del></del>			Change	Addition	쑮
NAME	,	EY, JOHN JR.,MBA	LI DOUGE	NAM	,				En andigo		10
STREET ADDRESS	4217 NW	37 TERRACE			ET AOORESS						1
CITY-ST-ZIP		ALE LAKES FL 33309		CITY	-ST-ZIP						1
TITLE NAME	MGRM CHAMBER	S, MICHAEL S M.ED.	Delete	TITLI NAM	- /				☐ Change	Addition Addition	1
= STREET ADDRESS:	-10968 NW	21 STREET	- <del> </del>	STRE	ET ADDRESS	<del></del>		<del></del>	<u>.</u>		1
CITY-ST-ZIP		PRINGS FL 33071		CITY	-ST-ZIP						]
TITLE	MGRM	colo I	Delete	TITLE	1				Change	□ Addition	1
NAME Street Address	HAYNES, I		•	NAM STRE	ET ADORESS						}
CITY-ST-ZIP		ALE LAKES FL 33319			-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition	1
NAME	]			NAM							
STREET ADDRESS   City-St-Zip	,				et adoress -st-zip					i	Ì
TITLE			☐ Delete	TITLE	<del></del>				☐ Change	☐ Addition	1
NAME	]		.~ in neidis	NAME					ட வக்க		ļ
STREET ADDRESS	Į.			STRE	ET ADDRESS						
CIȚY-SI-ZIP				CITY-	-ST-ZIP						
11. I hereby o indicated limited lial	certify that the on this report bility company	information supplied with t is true and actorate and the for the receiver or trustee	this filing does not qualify to hat my signature shall have empowered to execute this	r the exer the same report as	mption stated in So legal effect as if n required by Chap	ection 119.07(3 made under oa ster 608, Florida	B)(i), Florida Statutes. ) ( th; that I am a managir a Statutes.	urther certifing member	ly that the in or manage	dormation r of the	
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SIGNAT	URE: 🕹	J.M. WOTU	Wings and	<i>C</i> ?	· · · · · · · · · · · · · · · · · · ·		5/1/03	954	1-446	-6335	
		O TYPED OR PRINTED NAME OF	SIGNING MENAGING MEDITER, MA	HADER OF	ALITHOGIZED REPRESI	ENTATIVE	/ oka	0-	sime Channe d		í